

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/				/	/
2		/				
3		/				
4		/				
5		/				
6		/				
7		6				3
8		/				
9		/				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	91	1	1	18	1	1
TOTAL CLAIMS	126	1	1	1	1	1

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						